IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA CEIVED

2007 AUG 22 P 12: 08 CALVIN FLOWERS, Plaintiff. CASE NO. 2:07-CV-587-WKW vs. AUTAUGA COUNTY METRO JAIL, et al., Defendants.

REPORT BY DEFENDANT AUTAUGA COUNTY METRO JAIL, OFFICER SPROTT, LARRY NIXON, SGT. LYLE and SGT. BOSTIE

COMES NOW the Defendant, AUTAUGA COUNTY METRO JAIL, OFFICER SPROTT, LARRY NIXON, SGT. LYLE and SGT. BOSTIE by and through the undersigned counsel for Autauga County and after a review of the subject matter of the Complaint provides to this Honorable Court a report as requested by Order dated the 111th day of July, 2007.

A. FACTS AND CIRCUMSTANCES

The Plaintiff, CALVIN FLOWERS, was incarcerated in the Autauga County Metro Jail as a detainee of the Federal Court as a federal inmate. He entered the Autauga County Metro Jail on May 5, 2007 and transferred to the U. S. Marshall on July 20, 2007.

The Plaintiff's complaint revolves around an allegation of improper publicity, failure to protect personal property and the Autauga County Metro Jail's failure to provide adequate health care.

See statement of Deputy Sheriff Larry Nixon attached hereto as Exhibit "A" and made a part hereof and which provides a summary of the facts and circumstances surrounding this matter.

B. CORRECTIVE ACTION BY PRISON OFFICIALS

The Autauga County Sheriff's Office does not see a need to take any corrective action since it feels that its present policies and procedures dealing with inmate medical treatment is appropriate.

C. OTHER COMPLAINTS

The other complaints known to the Defendants deal with a Complaint pending in this Court by the following individuals:

NONE.

DATED: August 22, 2007.

I. ROBERT FAULK (FAU002)
Afterney for AUTAUGA COUNTY

OF COUNSEL:

McDOWELL, FAULK & McDOWELL, L.L.C.

Attorneys at Law 145 West Main Street Prattville, AL 36067

(334) 365-5950

Telephone

(334) 365-6016

Facsimile

robert@mcdowellfaulk.com

CERTIFICATE OF SERVICE

I hereby certify that I have on this the 22nd day of August, 2007 served a copy of the foregoing on Calvin Flowers by placing a copy of same in the U. S. Mail, postage prepaid and properly addressed as follows:

Calvin Flowers Inmate Autauga County Metro Jail 136 North Court Street Prattville, AL 36067

also

P. O. Box 80 Elba, AL 36323

EXHIBIT "A"

STATE OF ALABAMA

COUNTY OF AUTAUGA

AFFIDAVIT OF JAIL WARDEN LARRY NIXON

BEFORE ME, the undersigned, a Notary Public in and for said County and State personally appeared LARRY NIXON, whose name is signed to this Affidavit and who is known to me and who being by me first duly sworn, doth depose and say as follows:

My name is LARRY NIXON and I am a Deputy Sheriff for Autauga County, Alabama. I have been a Deputy Sheriff for 13 years. I am also the Chief Jailer for the Autauga County Metro Jail.

The purpose of this Affidavit is to provide to this Honorable Court the facts and circumstances surrounding a Complaint filed in this Court by CALVIN FLOWERS by Civil Action No. 2:07-CV-587-WKW.

Calvin Flowers was an inmate in the Autauga County Metro Jail being held for the U. S. Marshall Service from May 5, 2007 until July 20, 2007 when he was transferred back to the U. S. Marshals. He files this Complaint with this Honorable Court alleging that he obtained unwarranted publicity, property was stolen from his cell by a fellow inmate and that he received inadequate medical treatment by the Autauga County Metro Jail and its staff.

As to Mr. Flowers' charge of unwarranted publicity, none of the deputies at the Autauga County Jail would give information to the media, either print or television; hence, we have no knowledge of Mr. Flowers' allegations concerning this matter.

As Mr. Flower's charge of his personal property being stolen by a fellow inmate, it was discovered that Inmate Robert Allen did enter his cell and take certain personal papers. These papers were placed into a envelope by Mr. Allen and he attempted to mail same to Mr. Flowers' relatives. These items were intercepted by me and are currently being held by me in unopened envelopes in my office. I will be glad to mail these to Mr. Flowers if I am given authority and an address.

Mr. Flowers states that he did not resist arrest and that I pulled a shot gun on him. An altercation occurred with him and several other inmates whereupon I was called. I carried a shotgun with bean bags because I did not know what I was going to walk into. When I arrived, I asked Mr. Flowers to put his hands behind him, but he refused. As a result of the altercation State charges of assault 2 against Officer Sprott and unlawful acts by three or more persons were filed against Mr. Flowers and such are still pending the Circuit Court of Autauga County,

Inmates are provided medical care by Dr. Nichols and administered by Southern Health Partners. They fill out a doctor's slip and the inmate is treated either by a nurse provided by Southern Health Partners or by Dr. Nichols. In this case, Mr. Flowers completed several Inmate Sick Call Slips which were acted upon by Southern Health Partners. (A copy of Mr. Flowers' medical records from the Autauga County Metro Jail is attached hereto as Exhibit "B" and made a part hereof.) In the medical records attached are Dr. Nichols' and nurse's notes explaining the medication given to Mr. Flowers. As can be seen, some medication was changed by Dr. Nichols' orders and attempted to be administered to Mr. Flowers, but he refused same. There was no intentional indifference to Mr. Flowers' needs and in fact, as the medical records reveal, he was provided substantial medical treatment during his 2 ½ month stay in the Autauga County Metro Jail.

As to Mr. Flowers' concern over his bank account, I am enclosing as Exhibit "C" a copy of his account record which shows that \$1,572.91 was transferred to the U. S. Marshals on July 20, 2007.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 22nd day of August, 2007.

LARRY NIXON

Captain/Jail Warden

Autauga County Metro Jail

SWORN TO and SUBSCRIBED to before me on this the 22nd day of August, 2007.

NOTARY PUBLIC

My Commission Expires:

8-14-40

EXHIBIT

Southern Health Partners

MASTER PROBLEM LIST

В

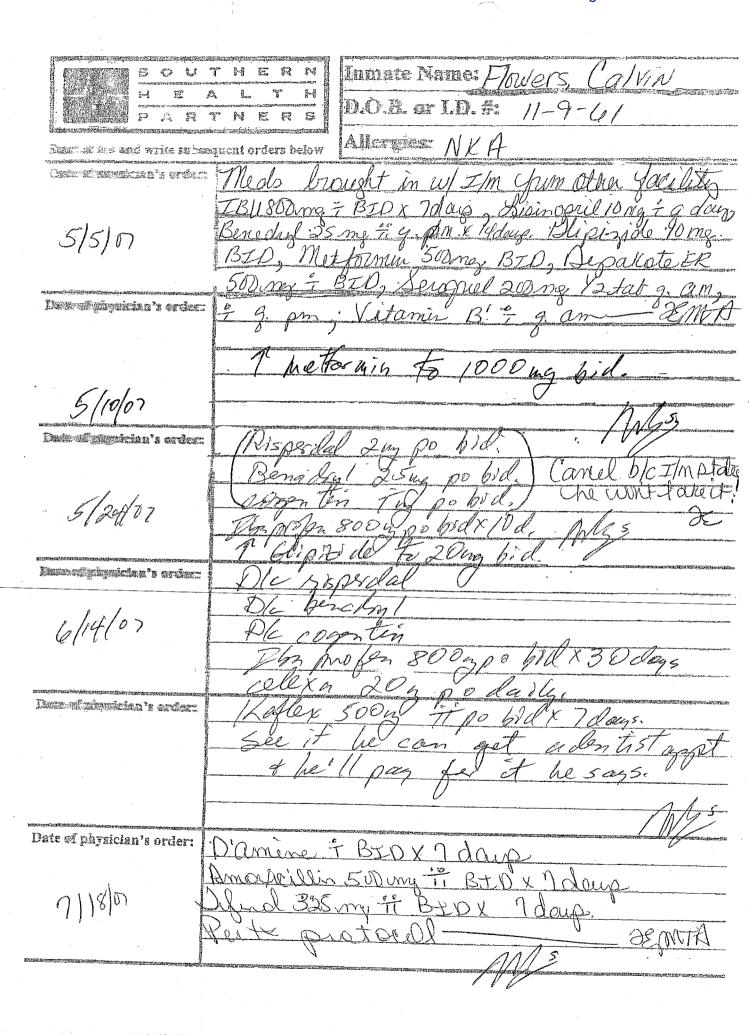
For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Hame (Last/First/Middle):	Flowers	-Calrin	
10#: 34632 008: /	11-9-61 sex: M	_Intake Date/s:	5-3-07

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
5/5/07	Bipolar			N
5/5/07	Bipolar Diabetic			, N
5/5/07	Hypertension.			N
		\$ mg.		
A				

H & P Date: <u>3/3</u>	Allergles:	NKA	
PPD Test Date: 3-29-07	PPD Results Date:	PPD Results:	
Montgomery City Jail.		ý	
Facility Name:	utausa Co.	Metro Jul	

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Date of physician's order:	V celexa to 10 ng deidy	
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PROGRESS NOTES

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before it	hefred him before
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Doctor's Signature:	
ME-Last First Middle Attending Pl	nysician Record No. Room/Bed

10 Wess 2:07-cv 00587 WKW-CSC Documentad-3 5/10/07 I/m is on Serogreel which is one of our mondrey formulary drugs + too expensive to get. Our pharmacy + D1. Nichols recommended Thoragine or Risperdal in its place glut I'm refuses to take either one 5/15/07 I/m refused to take Depakene - which was on songuel graguel 200 m bid for booter, disorder. Says he can't take visper delt haldole Tonge 124/07 Thick to be firstelies a if hast gri ego. Unly med be was on before he get have we see got have we touble i princin I women. Queest back A tom 500 bid In-Kotek REEK 500 gral 200 Refuses et . Makes his tongene Thick. Also still has OA lines & bad Motion helps. Also had an abcess on istile of upper lips Tabello GES, DES MOINES, IOWA 50306

PRINTED IN U.S.A.

PROGRESS NOTES

Signature

PROGRESS NOTES

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Place original form in patient's medical record.

INMATE SICK CALL SLIP - MEDICAL REQUEST

roday's Date: //17/01 Pod/Location: DT Cell: 401 10# 480/43
Inmate's Full Name: CALVIN Flowers / I wend a copy of my medical Records
Complaint/Problem: I have A bad Sinus cold, runny was chest congestion
I also need to talk to the doctor about medication change the
New proschiatric med has some unwanted side effect. I need my motion
How long have you had this problem?
Inmate's Signature: Only in Flowers Date: 17/17/07

TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 98.2 Resp 18 Pulse 90 B/P 128/77
Instructions/Assessment: Document your findings, Inmate's responses/actions Ilm You no Gene,
ino sore throat redness, no tenderness in facial-age area.
Ilm90 congestion + head ache + sore throat. Breathing sounds
a little whenry. See MD orders.
Michals about psake meds. Invite, sleeples - I informed Ilm it is not our photocol to treat TReceived Orders - thru Treatment Protocols; via telephone order; via verbal order.
Invite, suegues and blems.
LJ Follow-Up Required? If checked, date to be seen again
☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: 7-18-0 Seen by: DE, MTA



Page 7 of 29

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Cail Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in apportance with the medical co-pay system at this facility.

Inmate's Full Name: CALOIN Flowers
minds of univaries. CHOTO TOWERS
Complaint/Problem: I Need to see A Dentist plso my allergres
are acting of I have A runky Nose And I have
Nervous rotching Benedril will help with Both it is one of my regular medicins How long have you had this problem? The runny nose about one weak the docker precibed Antiboties for my mouth but I still need a Bentley Inmate's Signature: Lalin Home
Inmate's Signature: Holin Hons Date:
表示表示法语语语言 医大性性性 化二甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse BiP
Instructions/Assessment: Document your findings, Inmate's responses/actions
But a on dentist list S. Caine LPW
C/o Sensuses letthering him. Dave him D'amine Bid x 2 days - L'aim LPW
Descrived Orders thru Tracimeni Brotocelo vis tol.
□ Received Orders – thru Treatment Protocols; via telephone order; via verbal order . □ Follow-Up Required? If checked, date to be seen again
Date Seen by Medical: Seen by:

Place original form in patient's medical record.



Today's Date: 6/31/07 Pod/Location: 0-4 Cell: 40/ ID# 98242
Inmate's Full Name: Calu. N Flowers
Complaint/Problem: I would like to change my and I do pressant
to evening medicution. I als would like to rement
to evening medication, I als would like to revent my prescription for Benedril For my itching
How long have you had this problem?
Inmate's Signature: Value Flores Data: 6/21/07
******* ***** ****** *****
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions
M. Alaman lander de
to p.m. But the renewing of Benedul is no Dr. wrote it for a centain time only.
Dr. wrote it for a centain time only
JE MTA
6-21-0
□ Received Orders – thru Treatment Protocols; via telephone order; via verbal order □ Follow-Up Required? If checked, date to be seen again ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: Seen by:
Place original form in patient's medical record.



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/13/07 Pod/Location: Cell: 44	03 ID#
Inmate's Full Name: CALOIN FLOWERS	
Complaint/Problem: I have AN absess on my C Body Hohes, I also weed to dissource Doctor about my psylcological men	ss with the
Doctor about my psylcological me	diention and mode swi
How long have you had this problem? I will explain	-
Inmate's Signature: Rolum Howen	Date: <u>6/13/0°7</u>
********** ******* ******* ***********	计计划
Note Patient's Vital Signs: TempRespPulse	B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions	
☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal☐ Follow-Up Required? If checked, date to be seen again	lorder
☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit	
Date Seen by Medical: Seen by:	

Place original form in patient's medical record.



Place original form in patient's medical record.

INMATE SICK CALL SLIP - MEDICAL REQUEST

Today's Date: 6/6/67 Pod/Location: 0-6 Cell: 607 ID# 98242
Inmate's Full Name: CAloin Flowers
Complaint/Problem: I need to see the Dentist Also I need
to decuss with the doctor about alternative pschiatric
medicines Also some Benedrill for itching
How long have you had this problem?
Inmate's Signature: Calin Flower Date: 6/6/07
******** ****** ****** ******* ****** ****
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions Land On. Michaels Days
he has already told I'm the alternative medications & he
refused to take any of them + we are not opina give him
Beredul because he only wants it for sleep + we don't treat
pleep.
Received Orders – thru Treatment Protocols; via telephone order; via verbal order
」 Follow-Up Required? If checked, date to be seen again
☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: Seen by:



Place original form in patient's medical record.

INMATE SICK CALL SLIP - MEDICAL REQUEST

Today's Date: 6/6/67 Pod/Location: 0-6 Cell: 607 ID# 98242
Inmate's Full Name: CAlo:n Flowers
Complaint/Problem: I need to see the Dentist Also I need
to decuss with the doctor about alternative pschraftic
medicines Also some Benedrill for itching
How long have you had this problem?
Inmate's Signature: Callin Glanes Date: 6/6/07
<pre>******** ****** ****** ****** ******* ****</pre>
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions On. Michaels Days
he has already told I'm the alternative medications & he
refused to take any if them + we are not gonna give him
Bereduf because he only wants it for sleep + we don't treat
plep.
□ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
□ Received Orders – thru Treatment Protocols; via telephone order; via verbal order () - '/-0 / □ Follow-Up Required? If checked, date to be seen again / *** □ Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: Seen by:

Case 2:07-cv-00587-WKW-CSC Document 10-3 Filed 08/22/2007 Page 12 of 29

Plant precribe a medicate I can take the makes is a southern ting my daily functions



Place original form in patient's medical record.

INMATE SICK CALL SLIP - MEDICAL REQUEST

Today's Date: 5/30/07 Pod/Lo	ocation: D-6 Cell: 607 ID# 31835
	Flowers, I have told the Darton
Complaint/Problem: And the N.	arses that I have bad reations to
resperidol and that	I weed Benadril FOR NERVOUS
CANNOT OF THE B How long have you had this problem? I medication problems Inmate's Signature:	will not listen And made it so I enadril without taking Resperidol Ewill not take Reseridol I have had there since I got here. Thoraxine I will not take Aloner
******** ****** ****	•
TO BE COMPLETED BY MEL	DICAL STAFF:
Note Patient's Vital Signs: Temp	Resp Pulse B/P
Instructions/Assessment: Document you	ır findings, İnmate's responses/actions
To See Dr. Mr.	Flowers, we have alroady explained
all of this to you. E.	very medicine the doctor told you we
	refused to take, so there is nothing else
we can do you told	the doctor you needed Benodul to help you we don't breat sleep.
ine sleep & he told	ison we don't streat sleep.
 □ Received Orders – thru Treatment Pro □ Follow-Up Required? If checked, date □ Chronic Condition □ Inmate to be charged through medical 	e to be seen again
Date Seen by Medical:	Seen by:



Place original form in patient's medical record.

INMATE SICK CALL SLIP - MEDICAL REQUEST

Today's Date:	Pod/Location:		ell:	ID#	
Inmate's Full Name:(CALVIN F	lower	2		
Complaint/Problem: I	pisorder.	I CANN	ot (Any	Thing) you	ejust
Throw At M pschiatrist. How long have you had thi unknown sou Inmate's Signature:	s problem? I ha	UR NEUE	R been	grecibed	meds by
* * * * * * * * * * * * * * * * * * * *	*** ******* **	* * * * * * * *	* * * * * * * * * *	*******	* * * * * * * *
TO BE COMPLETE	D BY MEDICAL ST	AFF:			
Note Patient's Vital Signs:	TempRe	espP	ulse	B/P	
Instructions/Assessment: I	Document your findings, In	_			
1	,				
			-		·
 □ Received Orders – thru □ Follow-Up Required? If □ Chronic Condition □ Inmate to be charged the 	checked, date to be seen	again <u>,</u>	ື້via verbal ord	er _	
Date Seen by Medical:	Seen by:			,	

TO BICASH/2107FEV) officer and/or medical seen by the appropriate this facility.	PS&TIMIKW-PSC complete the top half of the Sic all Slip and return it to the correctional aff for st. ission and review by the medical staff. The medical staff will arrange for you to be medical staff member. You will be charged in accordance with the medical co-pay system at
Today's Date: 5/16	07 Pod/Location: 0-C Cell: 607 ID# 98242
irimate's Full Name:	CALOIN FLOWERS
Complaint/Problem: 7	CANNOT SLEED, My Doube don 15
ARe wrong.	my Diabetes is out of control because
Also. I Nee How long have you had t	my Diabetes is out of control because mediention. I need my pain meds renewed I to talk to a Doctor of Pain meds renewed is problem? One week And A half
Inmate's Signature:	ala De
* * * * * * * * * * * * * * * * * *	*** ****** ***** ***** ****** ******* ****
TO BE COMPLETE	D BY MEDICAL STAFF:
Note Patient's Vital Signs:	Temp Resp Pulse B/P
Instructions/Assessment:	Document your findings, Inmate's responses/actions
made are m	on drug formulary & cho . I de
serceparing us	elle aprit Treat in any wine like
to see Dr. Nic	lolo: His pain medo luy otur facility doctor 30 days (IBU 800). — DE, MTA
for only for.	30 days (IBU 800)
☐ Chronic Condition	eatment Protocols; via telephone order; via verbal order ecked, date to be seen again
☐ Inmate to be charged thro	gh medical co-pay for this visit
Date Seen by Medical:	Seen by:
Place original form in patient's medi	al record.
	·



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: S/D/O7 Pod/Location: D-6 Cell: \$07 ID#_
Inmate's Full Name: CAUTW Flowers
Complaint/Problem: I have a tooth sche and
Arthritic pain and a headache
How long have you had this problem?
Inmate's Signature: Date: $S/22/07$
******* ***** ***** ***** ****** ******
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions
On teme dose of Tylenof
 □ Received Orders – thru Treatment Protocols; via telephone order; via verbal order □ Follow-Up Required? If checked, date to be seen again □ Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: <u>5/2407</u> Seen by: <u>f. Cerson</u> M

Place original form in patient's medical record.

Case 2:07-cv-00587-WKW-CSC Document 10-3 Filed 08/22/2007 Page 6 of Set
TO BE COMPLETED BY INM.: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be this facility.
Today's Date: 5/9/07 Pod/Location: D-6 Cell: 605 ID# 98242
Inmate's Full Name: CAlvin Flowers
Complaint/Problem: I Just ARRIVED and m (Pschotropic)
has been changed and I would like insulin
insulin instead of pills
How long have you had this problem?
Inmate's Signature: Caluin Flowery Date: 8/9/07
******* *** *** *** *** *** *** *** **
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions
The Flowers it is not that sim ale & ar.
medst you don't make the decision, the doctor will.
us alleady explained to my second
on our drug formulain + the pharmacy we use matches the meds to what is equal to what you were taking.
☐ Follow-Up Required? If checked, date to be seen again ☐ Chronic Condition ☐ Chronic Condition ☐ Chronic Condition ☐ Chronic
Inmate to be charged through medical co-pay for this visit $5-10-07$
Date Seen by Medical: Seen by:
Place original form in patient's medical record.

PATIENT'S CONSENT FOR TREATMENT

The undersigned, being in the custody of the County Sheriff's Department and being held under the control of the County Jail, hereby authorizes and requests that all medical records and/or information, wherever located, including any hospital or medical doctor or any other place where medical records may be located, be released to the County Jail medical department for use by the medical department regarding any treatment to be reviewed while in custody. I understand I will provide this information to the medical department.

I further authorize the County Jail medical department to evaluate and treat any condition that I may have or develop while in the custody of the County Sheriff's Department and County Jail. I acknowledge no guarantee or assurance has been made as to the desired result that may be obtained.

Dalin Howen	
Signature: X CALVIN Flowers	Date:
Printed Name: DE, MTA William	
Witness:	(Office Signature)

Note: This completed form must be given to the medical department for inclusion in the inmate's confidential medical file.

Case 2:07-cv-00587-WKW-CSC Document 10-3 Filed 08/2 Exam Date: 5-5-07 S.S.#: 723-94-9076	22/2007, Page 18 of 29 ID#:34632
	Date Booked: 5-3-07
Alias:	County: Autauea
Address: 12 45 Martin Sithe Kin Dive (Middle) Elba,	Al 36323
Telephone: 334-897-5442 Birthdate: 11-9-61 (State)	Religion: (Zip)
Education Completed: 120 + 1 Special Education:	
Marital Status: S M W D Separated Read/Write English: (YES) No.	O Other: Sporish
Previous Incarcerations: (Facility/Date) Coffe Wenty, Dale	; Montgomen City
OMEDICAL HISTORY	
Notify in Emergency: Mattie Stouckemise	Mother
Address: (Name)	(Relationship) S/A
Health Insurance: (City) (State) (Zip)	Phone: A
(Type of Insurance) (State)	(Policy Number)
/hl	(State) (Zip) (Phone Number)
Past Hospitalizations (include surgeries)	
(City) Head Injury with Loss of Consciousness: Last Tetanus: / mith acad	(State) (Zip)
Allergies: NCA	Immunization:
Current Medication(s): IBU 80 ng, Risinopul 10 ng, Bened	a some Mining
	oung, Vit. B'
MENTAL HEALTH EVALUATION	CONFINAL D
Hospitalization for Mental Health Reasons: YES NO If Yes, Why:	3: 20/20 8750
Matha 1/1	Dipolar; PTSS
(Location) (Street Address) (City) (State) (Zip)	
Psychotropic Meds (Specify type and last dose): (Depakote & Ser	med-this am Wost pm
Prior Counseling/Out-Patient Treatment for:	
Where: Duske one NA Men:	2003
Have you ever attempted suicide: Yes How: Ayerologe When:	(Date)
Have you recently considered committing suicide? No	(Date)
Do people consider you a violent person? 170	
Have you ever been arrested for a violent crime/sexual offense? (Specify) NO	
Street drugs: May jain Occasionally Smoker: Ly	Type) (Date) Etoh:
Inmate's Signature: Walin House	Date: 5-5-07
Interviewer's Signature: DE, MTA	Date: 5-5-67
Witness: (if physical is refused):	Date

Caster s)7-cv-	-00587	-W	KW	CSC ^{Prol} perener	t Yes	Male	0.1	8/ <u>22/2</u>	<u>0075</u>	Pa de ≤19	of\29	
Vision			<i>`</i>		Hypertension	W		C	orrhe	a			
Hearing District				3	Anemia		1		vphilis		ļ		
Balance/Dizzin	ess				Blood	 	 		uscle Pr		<u> </u>		
Blackouts DT's					Stomach Pain Heartburn		 		int Prob	olem			
Headaches				-	Ulcer				thritis ther		1	4	
Seizures	-				Nausea/Vomiting		 		ther		 		
Nervous Disord	der				Gall Bladder		 		gular Menst	rual Period	+		
Throat					Liver	 	 			trual Period	 \ 		
Teeth					Hepatitis	 	11	#0	f days Mens	strual Period	 		
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Hay Fever					Kidney Disease		i		ravida/P	ara			
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2:07-00-00587-WKW-CSEORIZATION FOR REFEE FOR 22-20-00 OF 29 PARTNERS 2:07-00-00587-WKW-CSEORIZATION FOR REFEE FOR 22-20-00 OF 29
To: My Jail 241-28
I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:
Summary of positive findings, most recent history, physical exam including any diagnostic tests; Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated; Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports; Any other medical/dental/psychiatric services I may have previously had, currently seeking, or future treatment plans; Other Records:
I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the ongoing provision of health care services.
I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.
Please send requested documents to the following address: County Name: Street Address: City/State/Zip: City/State/City/State/City/State/City/State/City/Sta
Patient Name: 1-10wers, Calvin Birth Date: 11-9-61
36067

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jall medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.

5-5-07

Date:

05/03/07 AUTAUGA COUNTY METRO JAIL 611 17:38 Inmate Medical History: Page: 1 Booking Number: 39632 Confined - No loc Active Name Number: 98242 CALVIN FLOWER Doctor: va Phone: (Address: Sex Prf: Diet: Allergies: Y Respiratory Problems: N High Blood Pressure: Y Heart Problems: N Hemophilia: N Tuberculosis: N Diabetes: Y Pregnant: N Recently Pregnant: N Birth Control: N Dental Problems: Y Alcoholism: Y Drug Dependency: N Kidney Disease: N Liver Disease: N Hepatitis: N Suicidal: N Epilepsy: N AIDS: N Venereal Disease: N Recent Head Injury: N Seizures: N Traumatic Injury: N Psychiatric Care: Y & & æ 8 æ & & & & & & & κ & & History: (See below) Notes:

Yes Explanations:

Allergies:changed from ' 'to 'Y' by STROUD JEFFERY 17:32:12 05/03/07 hayfever
High Blood Pressure:
changed from ' 'to 'Y' by STROUD JEFFERY 17:32:42 05/03/07
stees
Diabetes:changed from ' 'to 'Y' by STROUD JEFFERY 17:34:08 05/03/07
yes 1-2
Dental Problems:changed from ' 'to 'Y' by STROUD JEFFERY 17:35:39 05/03/07
bad
Alcoholism:changed from ' 'to 'Y' by STROUD JEFFERY 17:36:13 05/03/07
yes
Psychiatric Care:changed from ' 'to 'Y' by STROUD JEFFERY 17:37:07 05/03/07
yes

pod 7

Inmate's Name: Flowers, Calvin Site: Autauga O.

ID.#/S.S.#: 59 39632 DOB: 11-9-61 - Physician: X. Nichols

Physician Order/Instructions: Daily BSV g. and Have M.D. review findings

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Southern Health Partners, Inc.

Case 2:07-dy D0587-WKW-CSC - Dogument 10-3 Filed 08/22/2007 Page 24 of 29 Inmate's Name: Flowers Calvin

Site: autauga G.

I.D.#/S.S.#: 39632

DOB: 11-9-61

Physician: K. Nichola Physician Order/Instructions: Daily BSV q pm Have M.D. review findings AMMENT AMOUNT BLOOD INSUL IN L Sandy aLOOD WELLEN DATE TIME SUGAR GPYCH THITTAL DATE THE SUGAR GIVEN MITTAL 6/23/07 Pm 183 6/24/01 PM 179 0 4/25/01 PM 195 0 7/19/07 PM 243 Pm 6/26/07 271 0 0 φ/α 272 nw 6/28/07 31,5 D 4/29/0 PM 27.5 28, PM 1285 6/30/07 C 7/1/07 Pm 311 0 25, 7/2/07 262 Am 1/3/07 AM 143 7/4/07 Enel. Pm 2104 No 7/5/07 285 PM DE 9/6/07 ると AM 0 201 7/7/07 2C PM 223 118107 PM 197 0 179 7/9/07 pm 7/10/01 PM 197 202 pm No Sd 7/12/07 PM 26/

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CONFIDENTIAL MEDICAL INFORMATION

MEDICATION ADMINISTRATIVE RECORD WHEN 10-3 Filed 08/22/2008 BASE 25 01-790 7

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GLUCOTROL 10MG TABLET TAKE 2 TABLETS TWICE DAILY IBUPROFEN 800 MG TABLET	0800 1 2 3 4 5 6 7 8 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16 17 16 19 LCSC 7 2 8CSC 7 2 8 80 9 10 17 2 13 14 15 16 17 16 19 LSC 7 2 8 10 10 10 10 10 10 10 10 10 10 10 10 10	23 3 2 KG 46 26 28 20 46 3 36 31
MOTRIN-800 MG TABLET TAKE 1 TABLET TWIGE DAILY FOR TEN DAYS DIPHENHYDRAMINE 25 MG CAP	9m 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 30 3 12 13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 20 21 22 23 24 25 26 27 28 29 30 31
BENADRYL 25 MG KAPSEALS TAKE 1 CAPSULE TWICE DAILY RISPERDAL 4 MG TABLET	1 2 3 4 5 6 7 8 1700 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31
TAKE 1/2 TABLET TWICE DAILY METFORMIN HCL 1,000 MG TA	1 2 3 4 5 6 7 8	5 10 11 12 13 14 15 16 17 18 19 5 10 11 12 13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31
GLUCOPHAGE 1,000 MG TABLE TAKE 1 TABLET TWICE DAILY CHLORPROMAZINE 50 MG TABLE	1700 12345578 PMXXESCACEZO	SCHOTT RECKETE PERSON	
	0800	9 0 11 12 13 14 15 16 17 18 19 9 10 11 12 13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31
ARTING FOR 06/01/07 ICIAN NICHOLS, KEN Physician NICHOLS, KEN gles	THHOUGH 06/30/07	PAGE 1 OF Telephone No Alt. Telephone Renabilitative Potential	2 Medical Record No.
nosis edicaid Number Medicare Number	Approved By Doctor:	·	
SIDENT FLOWERS, CALVIN	By:	Sex Room Patient Code FLO	Date: Admission WCALV Date: 03/26/07

MEDICATIONS A BIVING 1958 TIWK WESOR DOCUMENT 10-3

Filed 08/22/2007 Page 28 of 29

MÉDICATIONS HOUR 12 18 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 THE PACKERELLE RESIDENCE elbeprofen 800 mg Bid & 30 days ordered 6/14 Pm Except Kar Welk M 2 7 10 KS (2) Celeya 20 mg g day m ordered 6/14/07 Kepley 500 mg it Bid X 7 days Pm REPERTURE PROPERTY OF THE SECOND Am Pm D'amine F Bid X 7 AM Clays Pm24 25 20 18 12 15 16 17 18 19 20 21 22 23 24 25 26 27 RTING FOR Victor Nichols THROUGH 6/30/07 SICIAN TELEPHONE NO. MED. RECORD NO. РНҮ. ALT. TELEPHONE REHABILITATIVE GIES NKA POTENTIAL ADMISSION DATE NÒSIS COMPLETE ENTRIES CHECKED TITLE DATE OF BIRTH ROOM NO. BED FACILITY CODE PATIENT CODE 11/9/6 M 130

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ESIDENT FLOWERA Calvin		D.O.B.	Sex W	1 # 10F	Patient.		Admission	
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EXHIBIT



Page 1 of 2

08/22/2007

Account Balance

Inmate ID: 98242

Name:

FLOWERS, CALVIN

True Balance:

0.00

Location:

ASO MALE-D4 401B

Commissary Balance:

0.00

	_		Comment	Adjustment	Balance After
rans		Action	Close of Account. Inmate Released to U S Marshals 7/20/2007	0.00	
	07/30/2007		Withdrawal by check #10256. Inmate Released to U S Marshals	-1,572.91	0.00
0854	07/30/2007	Withdrawal	7/20/2007	,	
010	07/20/2007	Withdrawal	Paid OFF Bill #9834: To Medical From 98242 (FLOWERS,	-10.00	1,572.91
0010	818 07/30/2007 Withdrawal	CALVIN)Doctor call - 7/19/2007			
NQ 1.6	07/30/2007	Bill Receipt (A/P	To Medical From 98242 (FLOWERS, CALVIN)Doctor call -		
0010	01/30/2007	Dill Receipt (121	7/19/2007		
በ7ዩዩ	07/30/2007	Withdrawal	Paid OFF Bill #9826: To Medical From 98242 (FLOWERS,	-5.00	1,582.9
0700 07750/2007 William	CALVIN)Nurse call - 7/18/2007				
50786 07/30/2007 Bill Receipt (A/P	To Medical From 98242 (FLOWERS, CALVIN)Nurse call -				
	7/18/2007	00.76	1 507 0		
59655 07/16/2007 Withdrawal	Paid OFF Bill #9629: To Commissary From 98242 (FLOWERS,	-80.76	1,587.9		
	CALVIN)Billing for Commissary Order #133				
9653	07/16/2007	Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for		
			Commissary Order #133	-109.67	1,668.6
9158 07/09/2007 Withdrawal	Paid OFF Bill #9545: To Commissary From 98242 (FLOWERS,	-109.07	1,008.0		
	CALVIN)-Billing for Commissary Order #131				
9156 07/09/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for				
			Commissary Order #131	-700.00	1,778.3
		Withdrawal	Withdrawal by check #10220. Paying on behalf of Calvin Flowers Check deposit: Check #1604635 from army aviation center federal	2,400.00	-
8674	07/03/2007	' Add		2,100.00	_,
	credit union Paid OFF Bill #9444: To Commissary From 98242 (FLOWERS,	-85.21	78.3		
58484 07/02/2007 Withdrawal	CALVIN)Billing for Commissary Order #130				
	To Commissary From 98242 (FLOWERS, CALVIN)Billing for				
8482	58482 07/02/2007 Bill Receipt (A/P	Commissary Order #130			
58223 06/29/2007 Withdrawal 58221 06/29/2007 Bill Receipt (A/P	Paid OFF Bill #9391: To Medical From 98242 (FLOWERS,	-5.00	163.5		
	CALVIN)Nurse Call - 06/28/2007				
	Coll Manager Coll				
00221	. 00/29/200	/ Bill Receipt (1111	06/28/2007		
57925 06/25/2007 Withdrawal	Paid OFF Bill #9343: To Commissary From 98242 (FLOWERS,	-110.34	4 168.5		
	CALVIN)Billing for Commissary Order #129				
57923	3 06/25/200	7 Bill Receipt (A/P			
J.,		1	Commissary Order #129	50. 44	7 270 (
57378	3 06/18/200	7 Withdrawal	Paid OFF Bill #9255: To Commissary From 98242 (FLOWERS,	-72.4	7 278.8
	CALVIN)Billing for Commissary Order #128				
57376	6 06/18/200	7 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for		
			Commissary Order #128	-110.9	4 351
5683	06/11/200	7 Withdrawal	Paid OFF Bill #9165: To Commissary From 98242 (FLOWERS,	-110.9	7 331
	CALVIN)Billing for Commissary Order #127				
56829 06/11/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for				
56280 06/04/2007 Withdrawal	Commissary Order #127	-98.3	6 462		
	Paid OFF Bill #9087: To Commissary From 98242 (FLOWERS,	70.5			
	CALVIN)Billing for Commissary Order #126 To Commissary From 98242 (FLOWERS, CALVIN)Billing for				
5627	8 06/04/200	7 Bill Receipt (A/F			
		5 A 1.1	Commissary Order #126 Money Order deposit: Money Order #10545112135 from mattie	280.0	0 560.
55923 05/30/2007 Add	Money Order deposit. Money Order #10343112133 from matte				

Page 2 of 2

Account Balance

08/22/2007

55913 05/30/2007 Add	Check deposit: Check #1539888 from army aviation center fcu	200.00	280.66
55717 05/29/2007 Withdrawal	Paid OFF Bill #8986: To Medical From 98242 (FLOWERS,	-10.00	80.66
	CALVIN)doctor visit on 5/24/2007		
55715 05/29/2007 Bill Receipt (A/P	To Medical From 98242 (FLOWERS, CALVIN)doctor visit on		
	5/24/2007 Paid OFF Bill #8943: To Commissary From 98242 (FLOWERS,	-104.28	90.66
55540 05/29/2007 Withdrawal	CALVIN)Billing for Commissary Order #125	2.0	
55538 05/29/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for		
33338 03/29/2007 Bill Receipt (701	Commissary Order #125		
54935 05/21/2007 Withdrawal	Paid OFF Bill #8847: To Commissary From 98242 (FLOWERS,	-111.68	194.94
	CALVIN)Billing for Commissary Order #124		
54933 05/21/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for		
	Commissary Order #124 Paid OFF Bill #8746: To Commissary From 98242 (FLOWERS,	-106.29	306.62
54315 05/13/2007 Withdrawal	CALVIN)Billing for Commissary Order #123	100.23	
54313 05/13/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)Billing for		
34313 03/13/2007 Bill Receipt (A/1	Commissary Order #123		
53903 05/11/2007 Add	Check deposit: Check #1539765 from army aviation center fcu	200.00	412.91
53735 05/06/2007 Withdrawal	Paid OFF Bill #8651: To Commissary From 98242 (FLOWER,	-100.44	212.91
	CALVIN)Billing for Commissary Order #122		
53733 05/06/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWER, CALVIN)Billing for		
70000 05 (00 (0007, A 11	Commissary Order #122 Check deposit: check # 008184 from montgomery municipal jail date	313.35	313.35
53328 05/03/2007 Add	05-03-07		
53322 05/03/2007 Open	Opened Inmate Account	0.00	0.00
55522 05/05/2007 0 poss	*		

0.00 True Balance: Commissary Balance: 0.00